Exhibit C

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW HAMPSHIRE

BRENDAN KELLY, Plaintiff,)))
	Civil Action No. 1:15-cv-234-JL
vs.)
LIBERTY INSURANCE CORPORATION d/b/a LIBERTY MUTUAL, Defendant.)))))))

DECLARATION OF LISA DUETSCH

- I, Lisa Duetsch, hereby declare under penalty of perjury as follows:
 - 1. I have actual personal knowledge of the facts set forth below;
 - 2. I was employed by Plum Creek Timber Company, Inc. ("Plum Creek") on May 30, 2013 as Manager, Risk & Insurance;
 - The signature appearing on the New Hampshire Excess Uninsured Motorists Coverage
 Selection or Rejection Form (attached hereto as Exhibit 1) is my own;
 - I knowingly and voluntarily signed the New Hampshire Excess Uninsured Motorists
 Coverage Selection or Rejection Form on May 30, 2013 in my capacity as Manager, Risk
 & Insurance for Plum Creek;
 - The signature appearing on the Florida Umbrella/Excess Uninsured Motorists Coverage
 Selection or Rejection Form (attached hereto as Exhibit 2) is my own;
 - I knowingly and voluntarily signed the Florida Umbrella/Excess Uninsured Motorists
 Coverage Selection or Rejection Form on May 30, 2013 in my capacity as Manager, Risk
 & Insurance for Plum Creek;

- 7. The signature appearing on the State of Louisiana Uninsured/Underinsured Motorist Bodily Injury Coverage Form (attached hereto as **Exhibit 3**) is my own;
- I knowingly and voluntarily signed the State of Louisiana Uninsured/Underinsured
 Motorist Bodily Injury Coverage Form on May 30, 2013 in my capacity as Manager,
 Risk & Insurance for Plum Creek;
- The signature appearing on the West Virginia Excess Uninsured and Underinsured
 Motorists Coverage Selection or Rejection Form (attached hereto as Exhibit 4) is my
 own;
- 10. I knowingly and voluntarily signed the West Virginia Excess Uninsured and Underinsured Motorists Coverage Selection or Rejection Form on May 30, 2013 in my capacity as Manager, Risk & Insurance for Plum Creek.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on <u>5/20/14</u> (Date).

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NEW HAMPSHIRE EXCESS UNINSURED MOTORISTS COVERAGE SELECTION OR REJECTION FORM

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Applicant/Named Insured:	
I CONTRACT INC.	ecisions regarding Uninsured Motorists Coverage in policies policy. This document briefly describes this coverage and the
New Hampshire law permits you to make contain a	ecisions regarding Uninsured Motorists Coverage and the policy. This document briefly describes this coverage and the
options available.	agent if you have any questions regarding

You should read this document carefully and contact us, or your agent, if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Excess uninsured Motorists Coverage
In general, Uninsured Motorists Coverage provides insurance protection to an insured with respect to compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or an underinsured motor vehicle because of bodily injury caused by an accident. Also uninsured motor vehicle or an underinsured motor vehicle because of bodily injury caused by an accident with a hit-and-run vehicle included are compensatory damages due to bodily injury that result from an accident with a hit-and-run vehicle included are compensatory damages due to bodily injury that result from an accident with a hit-and-run vehicle included are compensatory damages due to bodily injury that result from an accident with a hit-and-run vehicle included are compensatory damages due to bodily injury that result from an accident with a hit-and-run vehicle included are compensatory damages due to bodily injury that result from an accident with a hit-and-run vehicle included are compensatory damages due to bodily injury that result from an accident with a hit-and-run vehicle included are compensatory damages due to bodily injury that result from an accident with a hit-and-run vehicle included are compensatory damages due to bodily injury that result from an accident with a hit-and-run vehicle included are compensatory damages.

whose owner or operator cannot be Identified.

N.H. REV. STAT. ANN, § 264:15 requires umbrella policies that provide excess limits to a motor vehicle liability policy to also provide uninsured motorists coverage, unless you reject such coverage in writing.

You must maintain New Hampshire Uninsured Motorists Coverage on your underlying commercial auto liability policy for this Excess Uninsured Motorists Coverage to apply.

You may accept or reject Uninsured Motorists Coverage in this umbrella policy by initialing and signing below. Rejection of such coverage by you shall constitute a rejection of coverage by all insureds, shall apply to all vehicles then or thereafter eligible to be covered under the policy, and shall remain effective upon policy amendment or renewal, unless you request a change in coverage in writing to the Company.

I reject Uninsured Motorists Coverage.

I wish to select New Hampshire Excess Uninsured Motorists Coverage at a limit equal to this policy's bodily injury limit for each accident, and I agree to maintain New Hampshire Uninsured Motorists Coverage on my underlying commercial auto liability policy.

Uninsured Motorists Coverage on my underlying commercial auto liability policy.

Signature Of Applicant/Named Insured

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FLORIDA UMBRELLA/EXCESS UNINSURED MOTORISTS COVERAGE SELECTION OR REJECTION FORM

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS THAT CANNOT BE STACKED WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

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Applicant/Named insured (please prin	nt or type):	
PLUM CREEK TIMBER COMPANY, IN	C	
Explanation of Uninsured Motorists Florida law permits you to make cert describes the coverage and the opt However, no coverage is provided by Page(s) and/or Schedule(s) for comple We offer you the option to select Flor	Coverage ain decisions regarding Uninsured Motorists (ons for coverage potentially available on you ons for coverage potentially available on you should read your policy and the information on the coverages you are provide uniformation on the coverages you are provide at the work of the coverages you are provided. The coverages was a coverage when the coverages were seen as the coverage when the coverage was a coverage was a coverage when the coverage was a coverage when the coverage was a coverage when the coverage was a coverage was a coverage when the coverage was a coverage was a coverage when the coverage was a coverage was a coverage when the coverage was a coverage was a coverage when the coverage was a coverage was a coverage was a coverage was a coverage when the coverage was a coverage was a coverage when the coverage was a coverage was a coverage was a coverage when the coverage was a coverage wa	d. verage at a limit up to this may reject the coverage as
However if you wish to select this cov Uninsured Motorists Coverage on you	erage on this Umbrella/Excess policy, we requi r underlying commercial auto liability policy at li nis Umbrella/Excess Uninsured Motorists Covera	mits at least as high as that age to apply.
Uninsured Motorists Coverage proversion of insureds thereunder who because of bodily injury, sickness, or Uninsured Motorists Coverage alsoluding death, suffered by any perpayment to the insured under all bodinsured are not enough to pay the full You may accept or reject Uninsured below. Rejection of such coverage by vehicles then or thereafter eligible amendment or renewal, unless your	rides protection for bodily injury, since of the protection for bodily injury, and the protection for insured by any person or provides protection for insured by any person insured under the policy, where the limiting injury liability bonds and insurance policies of amount the insured is legally entitled to recover a Motorists Coverage in this umbrella/excess pay you shall constitute a rejection of coverage by to be covered under the policy, and shall request a change in coverage in writing to the Cove	of uninsured motor venicies a under the policy. injury, sickness, or disease, its of coverage available for covering persons liable to the ras damages. policy by initialing and signing all insureds, shall apply to all remain effective upon policy ompany.
(Initials)	ect Florida Umbrella/Excess Untrisured Motorist	s Coverage.
policy's Ea agree to m llability inst limits. I un number of	lect the Florida Umbrella/Excess Uninsured Moi ch Occurrence Limit or \$1,000,000 each accider aintain Uninsured Motorists Coverage on my un urance policy at limits at least as high as that pol iderstand that/this.coverage will be on a non-star autos insured	dellying comments the bility
Signature Of	Applicant/Named Insured	
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STATE OF LOUISIANA

This form may not be altered or modified.

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM

Uninsured/Underlusured Motorists Bodily Injury Coverage, referred to as "UMBI" in this form, is insurance that pays persons Insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.

Economic losses are those that can be measured in specific monetary terms including but not limited to medical costs, funeral expenses, lost wages, and out of pocket expenses.

Non-economic losses are losses other than economic losses and include but are not limited to pain, suffering, inconvenience, mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic-Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 2 and 3 below

as "Not Available" or "N/A"). ININSTITED WINDERING URED MOTORIST BODINY INJURY COVERAGE. Lit.

You may select one of the following UMBI Coverage options (initial only one option): I select UMBI Coverage which provides compensation for economic and non-economic losses with limits lower than Bodily Injury Liability Coverage limits indicated on the policy: Initials each accident/occurrence OR each person \$ N/A each accident/occurrence S N/A I select Economic-Only UMBI Coverage, which provides compensation for economic losses with the same limits as the Bodily Injury Liability Coverage indicated on the policy. N/A I select Economic-Only UMBI Coverage, which provides compensation for economic losses with limits lower than the Bodily Injury Liability Coverage limits indicated on the policy: each accident/occurrence OR \$ N/A each person each accident/occurrence 4. WW I do not want UMBI Coverage. I understand that I will not be compensated through UMBI coverage for losses arising from an accident caused by an uninsured/underinsured motorist. SIGNATURE The choice indicated and initialed on this form will apply to all persons and/or entitles insured under this policy. This choice shall apply to the motor vehicles described in this policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute or amended policies until a written request is made for a change to the Bodily Injury Liability Limits, the UMBI limits or UMBI Coverage. Applicant/Named Insured: PLUM CREEK TIMBER COMPANY, INC. Signature of Named Insured or Legal Representative UU LA 03 11 10 Liberty Insurance Corporation

Issued Per LDOI Bulletin 98-02 08/29/08

WEST VIRGINIA EXCESS UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION OR REJECTION FORM

Applicant/Named Insured:

PLUM CREEK TIMBER COMPANY, INC.

TO: PROPOSED POLICYHOLDER (APPLICANT)

IF YOU DO NOT RETURN THESE FORMS TO YOUR INSURER WITHIN THIRTY (30) DAYS OR PRIOR TO THE POLICY EFFECTIVE DATE, WHICHEVER IS EARLIER, YOU WILL BE PRESUMED TO HAVE REJECTED UNINSURED AND UNDERINSURED MOTORISTS COVERAGES.

PRESENT POLICYHOLDER

IF YOU DO NOT RETURN THESE FORMS TO YOUR INSURER WITHIN THIRTY (30) DAYS OR PRIOR TO THE POLICY RENEWAL DATE, WHICHEVER IS EARLIER, YOUR COVERAGE WILL STAY THE SAME AS IT IS NOW. THIS IS AN OPPORTUNITY TO CHANGE THE COVERAGE YOU PRESENTLY HAVE.

West Virginia law permits you to make certain decisions regarding UNInsured and UNDERinsured Motorists Coverage. This document describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding UNinsured or UNDERinsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage potentially available on your umbrella policy. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

A. UNinsured Motorists Coverage

The State of West Virginia requires that you purchase UNInsured motorists coverage with limits of not less of \$20,000 per person, \$40,000 per accident for UNinsured bodily injury losses, and \$10,000 for UNinsured property losses under your basic automobile coverage.

In your case, you have opted to purchase umbrella coverage which is also written to cover automobile liability. Therefore, the law also requires that you be given the opportunity to purchase uninsured motorists coverage in an amount not less than the liability limit or limits selected on the excess or umbrella policy as well. This offer requires you to maintain UNinsured Motorists Coverage on your underlying commercial auto liability policy equal to that policy's bodily injury limit.

UNInsured Motorists Coverage may protect you and passengers in your car if you are injured in an accident that was caused by a driver who was at-fault, or an unidentified driver who was at-fault but who does not have insurance to pay for your damages.

B. UNDERinsured Motorists Coverage

The State of West Virginia does not require you to purchase any UNDERINSURED motorists coverage under your basic automobile policy. However, the law does state that you must be given the opportunity to purchase this coverage in an amount not less than your liability coverage. In your case, you have opted to purchase umbrella coverage which is also written to cover automobile liability. Therefore, the law also requires that you be given the opportunity to purchase UNDERinsured motorists coverage in an amount not less than the liability limit or limits selected on the umbrella policy as well. This offer regulres you to maintain UNinsured Motorists Coverage on your underlying commercial auto liability policy equal to that policy's bodily injury limit.

UNDERinsured motorists coverage may protect you and passengers in your car if you are involved in an accident which was caused by a driver who was at-fault but the at-fault driver's insurance policy is not sufficient to pay for your damages. In some cases the at-fault driver will not have enough liability coverage to pay for all the damages you have suffered. In order for you to protect yourself and others in your car, UNDERinsured motorists coverage is available to you. This type of coverage may pay for the remainder of your damages up to your policy limits.

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You may accept or reject UNinsured Motorists Coverage or UNDERinsured Motorists Coverage in this umbrella policy by initialing and signing below. Rejection of such coverage by you shall constitute a rejection of coverage by all insureds, shall apply to all vehicles then or thereafter eligible to be covered under the policy, and shall remain effective upon policy amendment or renewal, unless you request a change in coverage in writing to the Company.

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